

Utah Cannabinoid Product Board

February 9, 2021

9:00-11:00 am

Utah Department of Health

This meeting was held virtually



This meeting was recorded. A copy of the recording can be requested by the Center for Medical Cannabis (medicalcannabis@utah.gov)

Attendees

- CPB Members: Lauren Heath, Michael Crookston, Perry Fine, Ed Redd, Katie Carlson, Karen Wilcox
- UDOH Staff and Members of the Public: Katie Barber, Reshma Arrington, Richard Oborn, Mark Babitz, Sarah Ponce, Desiree Hennessy, Kevin Baumgartner, Sam Stecklow, David McKnight, Russ Reiss, Kayla Strong, Blake Smith

Minutes

9:00 AM Welcome by Perry Fine and approval of January minutes.

Approval of the January meeting minutes. Meeting minutes approved

Perry Fine asks the group if there is a motion to adopt the opioid use disorder document, though there is one typo on it that needs to be fixed.

Katie Carlson motions to adopt, Ed Redd seconds. Approval of the opioid use disorder document.

9:15 AM Rich Oborn updates the CPB on legislative bills: HB 210 on opioid use disorder being added to the list of qualifying conditions.

Perry Fine adds that this bill is misinterpreted due to its language and its intention is not clearly stated and can cause more harm due to this misinterpretation. Perry Fine opens the floor to the public for comments on this bill.

9:30 AM Ed Redd adds that this is a lethal disease and needs more care and attention. Ed Redd shares his experience with his own patients who have ended up dead from relapsing and using lethal doses of drugs.

Perry Fine shares that the CPB does have an obligation to share their expertise on the subject and that is the importance of why the group needs to continue reviewing the literature and the available research. It's a work in progress and hopefully the message will be sent to the HHS committee to review.

Rich Oborn continues with the legislative update. SB XXXX for hemp extraction which doesn't impact the Utah Department of Health. It is a bill that is being watched but will not impact the UDOH.

SB 181 Electronic Verification System software changes is to extend the contract for the software for necessary changes. This would allow for the QMP to add a proxy, someone that is an office clerk or medical assistant.

SB 171 is consumer protection for cannabis patients which adds podiatry as a qualifier to register as a QMP.

SB 170 for a limited medical provider would allow physicians to recommend cannabis to up to 15 patients. The recommendation would be a paper which the patient would take to the pharmacy. The pharmacy will input that written order into the EVS which we would need to update the software to meet this new amendment. The purpose of this amendment is to allow any physician in Utah to recommend cannabis. This is different than using a letter in 2020 because those patients were never added into the EVS so the Department couldn't track their orders and condition. This new amendment would help to track patients better.

9:45 AM Perry Fine asks the CPB if there is a census of the board to take on a position on SB 170. Perry Fine adds that the board has a service to add their position whether it be as a board or as individuals. What stands out to Perry Fine is that the bill seems extremely complicated which doesn't show emergency care so there's not an understanding of the motivation of this. It's understandable that rural populations need more access, but this bill also creates two systems of care which is complicated. The other issue is the lack of a requirement to have the provider recommend cannabis, there shouldn't be two standards of education for care. This can have a potentially significant negative impact. There are drug-drug interactions which we talk about in the educational programming, these are in fact powerful drugs and a knowledge of this impact needs to take place. Bypassing this education seems problematic.

Rich Oborn adds that this bill includes a modification to the DOPL controlled substance training to implement cannabis education. So all prescribers would be getting cannabis training regardless of them actually recommending cannabis to patient.

Perry Fine continues to add that there isn't a bill that speaks to hardship areas as in a waiver to fees or ease of access rather than there is some sort of emergency to getting a patient rapidly into the program for a program that hasn't been around even a year. There doesn't seem to be a rush for this. Under "1e" there is a phrase that says "may consult" which is troublesome as the word 'may' is very weak language. There has been a lot of effort going into having our state's medical care program become educated on medical cannabis and I suggest that the language be changed to "should."

Marc Babitz adds that this program is too new to change access and I'm disappointed that they feel they need to change the access in this program. Again, these problems don't become resolved just by "opening up" the program to everyone. As for education, I agree, this is a powerful drug that has potential to harm. Without the correct education we shouldn't be allowing just anyone to recommend. So I am critically opposed to this amendment.

Perry Fine states that the Board should take a sense of this amendment. Is there a sense of the board to make a position on this amendment.

Rich Oborn adds that the Department of Health has shared their recommendations and their position on this bill before it became open to the public.

Ed Redd adds that there are two ways to look at, you can say the whole bill is impractical or you can look at parts of it and say that there are ways to make the bill better. My gut impression is that this bill may pass, so the question is, is there something we can do to make recommendations to just a few parts of it? This wouldn't be to vote the bill down but how can it be made better?

Rich Oborn adds the Department remains neutral on the bill although the Department has made suggestions on the bill.

Ed Redd adds that this bill seems like it would increase the number of patients on cannabis but the reality is that most physicians wouldn't be seeing too many patients needing cannabis. In his experience, he has 3-4 patients asking for medical cannabis so the 15 limit might be sufficient. Besides this I do think the training is important and understanding the complexity of this drug but the majority of the people I work with are cautious of cannabis use and their patients. Most physicians don't want cannabis to be the center of their practice, if they did want it to be the center of their practice then they would become registered as a QMP.

Assignment: If the Board chooses to take a position on the LMP bill, the Board could also do so individually. A statement could be made and shared with the representative but that process needs to be better understood.

10:15 AM Ed Redd begins his presentation on medical cannabis and autism spectrum disorder. Ed Redd shares that many children and their parents do report positive responses for using cannabis to help children who are troubled with extreme behaviors.

Assignment: Ed Redd to write up a summary/conclusion of his presentation on autism and cannabis.

Assignment: Karen Wilcox to present on rectal administration of cannabis?

Perry Fine informs the group that the board needs to continue having experts present on medical conditions and cannabis. Ed Redd asks the group if anyone knows who can continue presenting on childhood autism and medical cannabis.

Assignment: Katie Carlson to reach out to colleagues and Ed Redd to reach out to CUB colleagues on the subject.

10:45 AM Perry Fine opens the floor to the public.

Blake Smith (Zion Pharmaceuticals) shares his contact to the group to reach out to and to share his own research with Ed Redd. Blake Smith adds that he wants to share good science with the group and introduces himself and his background. Blake Smith left academia because his daughter suffered seizures and after using cannabinoids has been seizure free for 3 years.

Katie Carlson adds that it is preferred to have a balance of industry and non-industry led research.

Perry Fine adds that this group is not a politically focused group but wishes that the policy could be most motivated by the science. Of course that is not how policy makers work but it is a goal to work towards finding that balance.